

## CO-OCCURRING SUBSTANCE USE PARENT/CAREGIVER QUESTIONNAIRE

*Must be completed along with the Child/Adolescent Initial Assessment. For children 11 years old and older, must be completed. For children under 11 years old, completed based on clinical judgment.*

Date Completed: \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever talked to your child about alcohol or drugs out of concern?
<input type="checkbox"/>	<input type="checkbox"/>	Would you be able to tell if your child was drinking alcohol or using drugs?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever suspected that your child drinks alcohol or uses drugs?
<input type="checkbox"/>	<input type="checkbox"/>	Has your child ever been caught with alcohol or drugs?
<input type="checkbox"/>	<input type="checkbox"/>	Does your child hang out with friends who use drugs or alcohol?
<input type="checkbox"/>	<input type="checkbox"/>	Has your child ever missed classes or days of school without permission?
<input type="checkbox"/>	<input type="checkbox"/>	Does your child show interest or talk about alcohol or drugs through clothes, drawings, tattoos, words, music, or jokes?
<input type="checkbox"/>	<input type="checkbox"/>	Have your child's grades gone down?

Other comments or concerns you may have related to alcohol or drugs in relation to your child?

<p><small>This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.</small></p>	<table style="width: 100%;"><tr><td style="width: 50%;">Name:</td><td style="width: 50%;">IS#:</td></tr><tr><td>Agency:</td><td>Provider #:</td></tr><tr><td colspan="2" style="text-align: center;"><b>Los Angeles County – Department of Mental Health</b></td></tr></table>	Name:	IS#:	Agency:	Provider #:	<b>Los Angeles County – Department of Mental Health</b>	
Name:	IS#:						
Agency:	Provider #:						
<b>Los Angeles County – Department of Mental Health</b>							